

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000471

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1242

STATE FILE NUMBER

VS 300
Rev. 4/59

2/29
201201
3
4 1
5 2
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7 1
8 0
94200
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124-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 9 wks.	c. CITY OR TOWN Quilin,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Quilin,
3. NAME OF DECEASED (Type or print) First Carrie Middle Blackshare Last Blackshare		4. DATE OF DEATH Month Jan. Day 1, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 20, 1886
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 76	IF UNDER 24 HR Days 76 Hours 76 Min. 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Eldorado, Ill.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry F. Cherry		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Doayne Blackshare, Decatur, Ill.		17. INFORMANT Doayne Blackshare, Decatur, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Chronic Pulmonary Fibrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema, Chronic		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:20 A Month, Day, Year 11-5-1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri	
20g. COUNTY Pollard, Ark.		20h. STATE Ark.	
21. I attended the deceased from 11-5-1962 to 1-1-63 and last saw her alive on 12-31-62 Death occurred at 6:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank W. Russell mp	
22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED 1-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-63	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	
23d. LOCATION (City, town, or county) Pollard, Ark.		23e. STATE Ark.	
24. FUNERAL DIRECTOR Lloyd Russell, Piggott, Ark.		25. DATE RECD. BY LOCAL REG. 1-10-1963	
26. REGISTRAR'S SIGNATURE Thelma Graham		27. DATE SIGNED 1-10-1963	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herald W. Higgins

Licensed Embalmer No. 116 A-2

P. O. Address Payroll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.